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|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------|
| SERIAL NUMBER 09/993,300 | FILING DATE 11/23/2001 RULE | CLASS 435 | GROUP ART UNIT 1641 | ATTORNEY DOCKET NO. 2132.107 |
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

F REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

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| Foreign Priority claimed | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY | SHEETS | TOTAL | INDEPENDENT |
|---------------------------------|------------------------------------------------------------------------------------------------------------------|------------------------|--------|--------|-------------|
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | DRAWING | CLAIMS | CLAIMS | |
| Verified and Acknowledged | <i>Oliver J. Cook</i> Examiner's Signature | <i>JYC</i> Initials | 3 | 38 | 5 |

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TITLE

Apolipoprotein biopolymer marker indicative of normal human

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|-----------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FILING FEE | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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